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CONFIRMATION NO. 4660

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RULE APPLICANTS Alan Rory Mor McLeod, Somerset, UNITED KINGDOM; Christopher Reah, Taunton, UNITED KINGDOM;										
** CONTINUING DATA **********************************										
** FOREIGN APPLICATIONS ************************************										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 09/02/2008										
Foreign Priority claimed 35 USC 119(a-d) condi		Yes No	Met at	fter ance	STATE OR COUNTRY		HEETS	TOT		INDEPENDENT CLAIMS
Verified and // Acknowledged	MICHELLE Examiner's	ECKMAN/ Signature	Initials		UNITED KINGDOM		10	20)	3
ADDRESS										
NuVasive o/o CPA Global P.O. Box 52050 Minneapolis, MN 55402 UNITED STATES										
TITLE										
Prosthetic Spinal Disc										
	EEEO A shada haa ka a daa da Baara					☐ All Fees				
I .							☐ 1.16 Fees (Filing)			
	FEES: Authority has been given in Paper No. to charge/credit DEPOSIT ACCOUNT							ing Ext. of time)		
	No for following:					☐ 1.18 Fees (Issue)				
						☐ Other				
							☐ Credit			

CLASS